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CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

BY:


DEPUTY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

TED EUGENE LAYTON,

Plaintiff,

v.

PFIZER, INC.,


Defendants.

Civil No.10cv2380 JAH (WMc)

ORDER VACATING HEARING

After a careful review of the motion papers and pleadings, the Court deems Defendant's unopposed motion to dismiss (Doc. No. 5) suitable for adjudication without oral argument. See CivLR 7.1 (d.1). Accordingly, IT IS HEREBY ORDERED the motion is taken under submission without oral argument and the hearing set for February 14, 2011 is **VACATED**. The Court will issue an order in due course.

DATED: February 8, 2011


JOHN A. HOUSTON
United States District Judge

2/13/11

Motion is opposed

I was to present oral testimony ~~to~~ and written testimony in Court. I was not advised I had to submit a written argument. Please review written evidence attached. IF dismissed please do so ~~as~~ WITHOUT PREJUDICE so I may file an amended complaint in Small Claims or Limited Liability in CA Superior Court. Thank you for reconsideration. Ted Layton

10cv2380


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

TED EUGENE LAYTON,
Plaintiff,
v.
PFIZER, INC.,
Defendants.

Civil No.10cv2380 JAH (WMc)
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DATED: February 8, 2011


JOHN A. HOUSTON
United States District Judge

*I request ^{the} case be remanded to
CA Superior Court ^{demanded} to
limited liability of \$25,000.*

Ted Layton

Itemized Statement
Tax Id: 951915820El Centro Regional Medical Center
1415 Ross Avenue
El Centro, Ca. 92243
(760) 339-7100

Pt. Serv: ICU

MRUN #: 17-80-13

Guarantor:
LAYTON, TED
616 MAPLE AVE
HOLTVILLE, CA 92250Patient:
LAYTON, WENDY A
Admit Date: 06/19/09 Discharge Date: 06/20/09
Attending Physician: STRONG, JOHNACCT #: 11085444
PLAN CODE: CBB

Payment and Adjustment Activity		
Posting Date	Transaction Description	Amount
	TOTAL PAYMENTS AND ADJUSTMENTS:	-28871.67
	TOTAL AMOUNT DUE:	0.00

Current Collector Name: GABRIEL JIMENEZ

Current Ins.: CBB-CALIF BUSINESS BUREAU

Account was settled for

\$ 10,200

Pfizer should reimburse that amount
since they are at least
partially liable for Wendy's death.

Case No. 10-ev-02380-JAH=WMC

Ted Eugene Layton

Vs

Pfizer, Inc.

Motion for a Fair Hearing

Honorable John A Houston:

The Constitution of the United States guarantees me a right of free speech and the right to address any grievance I had against another citizen in a court of law. If the Defendant's motion to dismiss my case is granted without allowing me to present written and oral evidence it is a violation of my constitutional rights. I therefore request to testify before you rule on the Defendant's Motion to dismiss.

The amount of \$100,000 damages will not replace my wife. The amount of monetary compensation is not important. I am willing to amend the amount of damages to \$10,200 limited liability which was the amount I settled with El Centro Regional Medical Center. This offer is contingent upon the Defendant accepting the offer and also agreeing to amend the written warning on Geodon that their product can cause hyperglycemia, diabetes, diabetic coma, and death.

I have received information from the Food and Drug Administration that approximately 1% of patients that have taken Geodon have acquired diabetes. When my wife tested negative for diabetes in 2004 I assumed Geodon was safe. My assumption proved fatal. Geodon is not a safe drug and can cause death in certain patients. It is my goal that if Geodon can be made safe that all patients be required to get diabetic testing every 3 months. Such a requirement could have save my wife if she had been diagnosed with diabetes in time for treatment.

I am willing to drop my lawsuit if the Defendant is willing to make a voluntary contribution to the American Diabetes Association for \$10,200 and admit there is a possibility that Geodon may have contributed to my wife's death.

If the Federal Court system cannot order Pfizer to include adequate warnings on their products I will ask my Congressman to request the FDA to review the risks of Geodon.

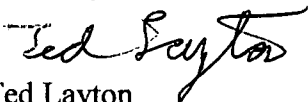
The facts are that my wife Wendy Ann Layton took Geodon for 8 years. She died from extreme hyperglycemia and diabetes. Written material on Geodon labels indicate under precautions that Geodon can rarely cause diabetes or worsen diabetes and diabetic coma or death. With such written information it is implied that my wife probably acquired diabetes as a result of using Geodon.

In the case of Plaintiffs vs. Astra Zeneca the over 200 Plaintiffs were awarded a joint settlement of \$2,000,000 since the drug Seroquel had caused them to acquire diabetes.

My inability to obtain legal counsel and limited knowledge of the law should not be sufficient cause to dismiss my lawsuit. Pfizer is afraid to admit their products can be fatal. Such an admission could decrease their sales and lower their profit.

I request the Court accept my written and oral testimony so the public may be aware of the potential dangers of Geodon.

Sincerely,

A handwritten signature in black ink, appearing to read "Ted Layton". The signature is written in a cursive, flowing style with a large, stylized "T" and "L".

Ted Layton
Plaintiff

DARREL J. HIEBER (Bar No. 100857)
DANIEL M. RYGORSKY (Bar No. 229988)
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP
300 South Grand Avenue, Suite 3400
Los Angeles, California 90071
Telephone: (213) 687-5000
Facsimile: (213) 687-5600
darrel.hieber@skadden.com
daniel.rygorsky@skadden.com

Attorneys for Defendant
Pfizer Inc

ENDORSED

NOV 18 2010

SUPERIOR COURT
COUNTY OF IMPERIAL
KRISTINE S. KUSSMAN, CLERK
BY DORA HERNANDEZ
DEPUTY

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF IMPERIAL**

TED EUGENE LAYTON,

Plaintiff,

vs.

PFIZER, INC.,

Defendant.

) Case No. ECU06056

) **NOTICE TO ADVERSE PARTY OF
REMOVAL TO FEDERAL COURT**

) Dept.: 7

) Judge: Hon. Jeffrey Jones

) Date Action Filed: 10/07/2010

) Trial Date: None

) Discovery Cut Off: None

1 **TO THE CLERK OF THE ABOVE-ENTITLED COURT, AND TO PLAINTIFF:**

2 **PLEASE TAKE NOTICE** that on the 18th day of November, 2010, the undersigned
3 attorneys for Defendant Pfizer Inc filed a Notice of Removal, a true and correct copy of which is
4 attached hereto as Exhibit A, in the United States District Court for the Southern District of
5 California.

6 **PLEASE TAKE FURTHER NOTICE** that, pursuant to 28 U.S.C. § 1446, the filing of
7 such Notice of Removal in the United States District Court together with the filing of this Notice
8 effects removal of this action and this Court may proceed no further unless and until this case is
9 remanded.

10
11 DATED: November 18, 2010

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

12 By: _____

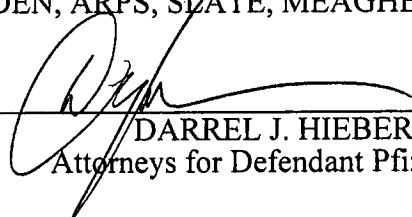
13 
14 **DARREL J. HIEBER**
15 Attorneys for Defendant Pfizer Inc
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EXHIBIT A

DARREL J. HIEBER (Bar No. 100857)
DANIEL M. RYGORSKY (Bar No. 229988)
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP
300 South Grand Avenue, Suite 3400
Los Angeles, California 90071
Telephone: (213) 687-5000
Facsimile: (213) 687-5600
darrel.hieber@skadden.com
daniel.rygorsky@skadden.com

Attorneys for Defendant
Pfizer Inc

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF CALIFORNIA

TED EUGENE LAYTON,
Plaintiff,
vs.
PFIZER, INC.,
Defendant.

Case No. 10-CV-2380 JAH (Wc)
(State Court Docket No. ECU06056)
**NOTICE OF REMOVAL OF ACTION
FROM STATE COURT**
[28 U.S.C. §§ 1332, 1441, 1446]
[Jury Trial Demanded]

1 **TO THE CLERK OF THE ABOVE-ENTITLED COURT, AND TO PLAINTIFF:**

2 **PLEASE TAKE NOTICE** that Defendant Pfizer Inc ("Pfizer"), with its principal place of
3 business at 235 East 42nd Street, New York, New York 10017, through undersigned counsel,
4 hereby removes the above-captioned action from the Superior Court of the State of California for
5 the County of Imperial to the United States District Court for the Southern District of California,
6 pursuant to 28 U.S.C. §§ 1332, 1441 and 1446.

7 In support of the Notice of Removal, Pfizer states as follows:

8 **I. JURISDICTION**

9 1. This action is removable under 28 U.S.C. §§ 1332, 1441(b) and 1446 because (a)
10 complete diversity of citizenship exists between plaintiff Ted Eugene Layton and defendant Pfizer,
11 and (b) the amount in controversy exceeds \$75,000, exclusive of interest and costs.

12 2. Upon information and belief, at the time this action was filed, Plaintiff was, and still
13 is, a citizen of the State of California. (See Compl., attached hereto as Exhibit A)

14 3. At the time this action was filed, Pfizer was, and still is, a corporation incorporated
15 in the State of Delaware with its principal place of business in the State of New York. A
16 corporation is deemed to be a citizen of the state of its incorporation and of the state where it has its
17 principal place of business. 28 U.S.C. § 1332(c)(1). Pfizer is, therefore, a citizen of the State of
18 New York and of the State of Delaware.

19 4. The amount in controversy in this action exceeds \$75,000, exclusive of interest and
20 costs. Plaintiff seeks \$100,000 in damages "for reimbursement of medical costs, burial costs,
21 refund of Geodon purchased and early termination of marriage due to premature death." (Compl. ¶
22 10; 11(9).)

23 **II. NATURE OF THE ACTION**

24 5. On October 7, 2010, Plaintiff filed a Complaint in the Superior Court of the State of
25 California for the County of Imperial. True and correct copies of the Complaint and Summons with
26 Notice of Case Management Conference are attached hereto as Exhibit A.

27 6. The Complaint and Summons were served via process server on October 19, 2010.
28 (See Exhibit A.)

1 7. This action involves allegations regarding the prescription drug Geodon. Plaintiff
2 alleges that neither he nor his wife, Wendy Ann Layton, were aware "that Geodon could cause
3 diabetes and hyperglycemia" and, that as a result of Plaintiff's wife's "[p]rolonged use of Geodon,"
4 she "acquire[d] diabetes which subsequently triggered extreme hyperglycemia, diabetic coma, and
5 death." (Comp. ¶ 11(4), (7).) Plaintiff seeks \$100,000 in damages "for reimbursement of medical
6 costs, burial costs, refund of Geodon purchased and early termination of marriage due to premature
7 death." (Compl. ¶ 10; 11(9).) Defendant Pfizer denies that Plaintiff is entitled to the relief sought
8 in the Complaint.

9 **III. THE REMOVAL PREREQUISITES HAVE BEEN SATISFIED**

10 8. Pursuant to 28 U.S.C. § 1446(b), this Notice of Removal is being filed within 30
11 days of October 19, 2010, when Pfizer received service of the Complaint and Summons, and is,
12 therefore, timely.

13 9. True and correct copies of all process, pleadings, and orders served upon Pfizer in
14 this action are attached hereto as Exhibit A.

15 10. Removal to the District Court for the Southern District of California is proper under
16 28 U.S.C. § 1441(a) because this is the district embracing the court where the action is currently
17 pending. This action was commenced in the Superior Court of the State of California for the
18 County of Imperial, and is presently pending there as Case No. ECU06056.

19 11. In accordance with 28 U.S.C. § 1446(d), Pfizer will promptly give written notice to
20 Plaintiff that it is filing this Notice of Removal, and will file a copy of this Notice of Removal with
21 the Superior Court of the State of California for the County of Imperial.

22 12. No previous application has been made by Pfizer for this or any similar relief.

23 13. WHEREFORE, Pfizer respectfully removes this action from the Superior Court of
24 the State of California for the County of Imperial to the United States District Court for the
25 Southern District of California, and the action is now properly before this District Court and all
26 further proceedings shall take place before this Court.

1 DATED: November 18, 2010

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP

2
3 By: 

DARREL J. HIEBER

Attorneys for Defendant Pfizer Inc

EXHIBIT A

SUMMONS
(CITACION JUDICIAL)

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):

PFIZER INC

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTÁ DEMANDANDO EL DEMANDANTE):

TED EUGENE LAYTON

10-19-10
11:57A SUM-100

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

FILED

OCT 07 2010

SUPERIOR COURT
COUNTY OF IMPERIAL
KRISTINE KAUSSMAN, CLERK
BY JESSICA D. GIPSON, DEPUTY

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. NOTE: The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. **¡AVISO!** Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desear el caso.

The name and address of the court is:

(El nombre y dirección de la corte es):

CALIFORNIA SUPERIOR COURT
939 W MAIN STREET
BL CENTRAL CA 92243

CASE NUMBER:
(Número del Caso):

ECU06056

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

TED LAYTON 616 MAPLE AVE HOLTVILLE CA 92250
(760) 356-2725 (760) 425-0755 KRISTINE KAUSSMAN

DATE: 10/17/2010

(Fecha)

Clerk, by

(Secretario)

Deputy

(Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)

(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010).)



NOTICE TO THE PERSON SERVED: You are served

1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of (specify):

3. ☒ on behalf of (specify): PFIZER INC

- | | |
|---|---|
| under: <input checked="" type="checkbox"/> CCP 416.10 (corporation) | <input type="checkbox"/> CCP 416.60 (minor) |
| <input type="checkbox"/> CCP 416.20 (defunct corporation) | <input type="checkbox"/> CCP 416.70 (conservatee) |
| <input type="checkbox"/> CCP 416.40 (association or partnership) | <input type="checkbox"/> CCP 416.90 (authorized person) |
| <input type="checkbox"/> other (specify): | |

4. ☐ by personal delivery on (date):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ted Eugene Layton 616 Maple Avenue Holtville, CA. 92250		PLD-C-001 FOR COURT USE ONLY Assigned for all purpose to Judge including trial JEFFREY B. JONES <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); display: inline-block;">ENDORSED</div> OCT 07 2010 SUPERIOR COURT COUNTY OF IMPERIAL KRISTINE S. KUSSMAN, CLERK BY JESSICA GIPSON DEPUTY
TELEPHONE NO: 760-356-2725 FAX NO. (Optional): 760-353-6956 E-MAIL ADDRESS (Optional): laytoned@yahoo.com ATTORNEY FOR (Name): self represented		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Imperial STREET ADDRESS: 939 W Main Street MAILING ADDRESS: CITY AND ZIP CODE: El Centro, CA. 92243 BRANCH NAME: El Centro		
PLAINTIFF: Ted Eugene Layton DEFENDANT: Pfizer, Inc. <input type="checkbox"/> DOES 1 TO _____		
<div style="text-align: center; font-weight: bold;">CONTRACT</div> <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> AMENDED COMPLAINT (Number): <input type="checkbox"/> CROSS-COMPLAINT <input type="checkbox"/> AMENDED CROSS-COMPLAINT (Number):		CASE NUMBER: <div style="font-size: 1.5em;">ECU06056</div>
Jurisdiction (check all that apply): <input type="checkbox"/> ACTION IS A LIMITED CIVIL CASE Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000 but does not exceed \$25,000 <input checked="" type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000) <input type="checkbox"/> ACTION IS RECLASSIFIED by this amended complaint or cross-complaint <input type="checkbox"/> from limited to unlimited <input type="checkbox"/> from unlimited to limited		

1. Plaintiff* (name or names):
 Ted Eugene Layton
 alleges causes of action against defendant* (name or names):
~~Gordon manufactured by Pfizer, Inc. caused diabetes, hyperglycemia, diabetic coma and death of wife~~
2. This pleading, including attachments and exhibits, consists of the following number of pages:
3. a. Each plaintiff named above is a competent adult
☒ except plaintiff (name):
 (1) ☐ a corporation qualified to do business in California
 (2) ☐ an unincorporated entity (describe):
 (3) ☐ other (specify):
- b. ☒ Plaintiff (name): Ted Eugene Layton
 a. ☐ has complied with the fictitious business name laws and is doing business under the fictitious name (specify):
 b. ☐ has complied with all licensing requirements as a licensed (specify):
 c. ☐ Information about additional plaintiffs who are not competent adults is shown in Attachment 3c.
4. a. Each defendant named above is a natural person
☒ except defendant (name): Pfizer, Inc.
 (1) ☐ a business organization, form unknown
 (2) ☒ a corporation
 (3) ☐ an unincorporated entity (describe):
 (4) ☐ a public entity (describe):
 (5) ☐ other (specify):
- ☐ except defendant (name):
 (1) ☐ a business organization, form unknown
 (2) ☐ a corporation
 (3) ☐ an unincorporated entity (describe):
 (4) ☐ a public entity (describe):
 (5) ☐ other (specify):

SHORT TITLE: Wrongful death from drugs manufactured by the defendant	CASE NUMBER: PLD-C-001
--	----------------------------------

4. (Continued)

b. The true names of defendants sued as Does are unknown to plaintiff.

(1) ☐ Doe defendants (specify Doe numbers): _____ were the agents or employees of the named defendants and acted within the scope of that agency or employment.(2) ☐ Doe defendants (specify Doe numbers): _____ are persons whose capacities are unknown to plaintiff.c. ☐ Information about additional defendants who are not natural persons is contained in Attachment 4c.d. ☐ Defendants who are joined under Code of Civil Procedure section 382 are (names): _____5. ☒ Plaintiff is required to comply with a claims statute, anda. ☒ has complied with applicable claims statutes, orb. ☐ is excused from complying because (specify): _____6. ☒ This action is subject to ☐ Civil Code section 1812.10 ☐ Civil Code section 2984.4.

7. This court is the proper court because

a. ☐ a defendant entered into the contract here.b. ☐ a defendant lived here when the contract was entered into.c. ☐ a defendant lives here now.d. ☐ the contract was to be performed here.e. ☐ a defendant is a corporation or unincorporated association and its principal place of business is here.f. ☐ real property that is the subject of this action is located here.g. ☒ other (specify): _____

product manufactured by defendant was sold in El Centro CA and wife died in El Centro CA

8. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

☐ Breach of Contract☐ Common Counts☒ Other (specify): _____9. ☐ Other allegations: _____

10. Plaintiff prays for judgment for costs of suit, for such relief as is fair, just, and equitable; and for

a. ☒ damages of: \$ 100,000b. ☐ interest on the damages(1) ☐ according to proof(2) ☐ at the rate of (specify): _____ percent per year from (date): _____c. ☒ attorney's fees(1) ☐ of: \$(2) ☒ according to proof.d. ☐ other (specify): _____11. ☒ The paragraphs of this pleading alleged on information and belief are as follows (specify paragraph numbers): _____

Date: October 7, 2010

Ted Eugene Layton

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY)

(If you wish to verify this pleading, affix a verification.)

October 7, 2010

Ted Eugene Layton vs

Pfizer, Inc.

Subject: Wrongful Death Civil Suit

- 1) Wife, Wendy Ann Layton died at El Centro Regional Medical Center on June 20, 2009.
- 2) Death certificate: caused of death: copy attached.
 - a. toxic shock: 4 hours
 - b. extreme hyperglycemia: 24 hours
 - c. diabetes: 1 year
 - d. morbid obesity: 20 years
- 3) Wendy Ann Layton was prescribed 80 mg Geodon in 2001 by Edward Cherlin MD. Geodon was also prescribed by Jose Rocamora MD from 2001-2002 and John Strong MD. 2002-2009.
- 4) Wendy and I were unaware that Geodon could cause diabetes and hyperglycemia.
- 5) Wendy was tested for diabetes in 2004 and was negative at that time.
- 6) I have researched information on the internet and found that drugs similar to Geodon (Seroquel) have been known to cause diabetes and that some patients that were prescribed Geodon subsequently acquired diabetes.
- 7) Prolonged use of Geodon for 8 years 2001-2009 apparently caused Wendy Ann Layton to acquire diabetes which subsequently triggered extreme hyperglycemia, diabetic coma, and death.
- 8) Pfizer has or will be provided medical release forms so they can conduct an investigation.
- 9) I am seeking \$100,000 or any amount the Court awards for reimbursement of medical costs, burial costs, refund of Geodon purchased and early termination of marriage due to premature death.
- 10) I will provide a death certificate, hospital medical record and information that Geodon may cause diabetes in some patients.
- 11) Other statements or evidence may be presented at a future date during trial.

Sincerely,

Ted Eugene Layton
Plaintiff

STATE OF CALIFORNIA									
CERTIFICATION OF VITAL RECORD									
DEPARTMENT OF PUBLIC HEALTH									
COUNTY OF IMPERIAL									
EL CENTRO, CALIFORNIA									
CERTIFICATE OF DEATH									
3200813000327									
1. NAME OF DECEASED -- FIRST (Last name)		2. MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER			
WENDY		ANN		LAYTON					
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX					
02/16/1983		48		F					
7. DATE OF DEATH		8. HOURS (24 Hours)		9. MARRIAGE					
06/20/2009		0510		MARRIED					
10. DECEASED'S RACE		11. DECEASED'S ETHNICITY		12. DECEASED'S RELIGION					
WHITE									
13. DECEASED'S OCCUPATION		14. DECEASED'S RESIDENCE		15. DECEASED'S YEARS IN OCCUPATION					
HOMEMAKER		OWN HOME		25					
16. DECEASED'S RESIDENCE (Street and number or location)		17. CITY		18. COUNTY		19. ZIP CODE		20. STATE	
616 MAPLE AVE.		HOLTVILLE		IMPERIAL		92250		CA	
21. DECEASED'S NAME, RELATIONSHIP		22. DECEASED'S ADDRESS (Street and number or location)		23. DECEASED'S CITY		24. DECEASED'S STATE		25. DECEASED'S ZIP CODE	
TED EUGENE LAYTON, HUSBAND		616 MAPLE AVE., HOLTVILLE, CA 92250							
26. NAME OF FATHER -- FIRST		27. NAME OF FATHER -- MIDDLE		28. NAME OF FATHER -- LAST		29. NAME OF MOTHER -- FIRST		30. NAME OF MOTHER -- MIDDLE	
JAMES		LAWRENCE		BRUNTON		NANCY		ANN	
31. NAME OF MOTHER -- LAST		32. NAME OF MOTHER -- MIDDLE		33. NAME OF MOTHER -- LAST		34. NAME OF MOTHER -- MIDDLE		35. NAME OF MOTHER -- LAST	
BYERLEY									
36. DECEASED'S DATE OF BIRTH		37. DECEASED'S PLACE OF BIRTH		38. DECEASED'S DATE OF DEATH		39. DECEASED'S PLACE OF DEATH		40. DECEASED'S DATE OF DEATH	
08/26/2009		TERRACE PARK CEMETERY		06/20/2009		EL CENTRO		06/20/2009	
41. TYPE OF DECEASED		42. SIGNATURE OF EMBALMER		43. SIGNATURE OF LOCAL REGISTRAR		44. SIGNATURE OF LOCAL REGISTRAR		45. SIGNATURE OF LOCAL REGISTRAR	
BU		KIRK HEMS		STEPHEN W MUNDAY, MPH, M.S.		STEPHEN W MUNDAY, MPH, M.S.		STEPHEN W MUNDAY, MPH, M.S.	
46. NAME OF FUNERAL ESTABLISHMENT		47. LICENSE NUMBER		48. DATE OF DEATH		49. DATE OF DEATH		50. DATE OF DEATH	
HEMS BROTHERS MORTUARY		FD1025		06/25/2009		06/25/2009		06/25/2009	
51. PLACE OF DEATH		52. PLACE OF DEATH		53. PLACE OF DEATH		54. PLACE OF DEATH		55. PLACE OF DEATH	
EL CENTRO REGIONAL MEDICAL CENTER		EL CENTRO		EL CENTRO		EL CENTRO		EL CENTRO	
56. CAUSE OF DEATH		57. CAUSE OF DEATH		58. CAUSE OF DEATH		59. CAUSE OF DEATH		60. CAUSE OF DEATH	
SEPTIC SHOCK		EXTREME HYPERGLYCEMIA		TYPE 2 DIABETES MELLITUS		MORBID OBESITY		NONE	
61. OTHER CAUSE OF DEATH		62. OTHER CAUSE OF DEATH		63. OTHER CAUSE OF DEATH		64. OTHER CAUSE OF DEATH		65. OTHER CAUSE OF DEATH	
NONE		NONE		NONE		NONE		NONE	
66. DECEASED'S SIGNATURE		67. DECEASED'S SIGNATURE		68. DECEASED'S SIGNATURE		69. DECEASED'S SIGNATURE		70. DECEASED'S SIGNATURE	
NONE		NONE		NONE		NONE		NONE	
71. DECEASED'S SIGNATURE		72. DECEASED'S SIGNATURE		73. DECEASED'S SIGNATURE		74. DECEASED'S SIGNATURE		75. DECEASED'S SIGNATURE	
NONE		NONE		NONE		NONE		NONE	
76. DECEASED'S SIGNATURE		77. DECEASED'S SIGNATURE		78. DECEASED'S SIGNATURE		79. DECEASED'S SIGNATURE		80. DECEASED'S SIGNATURE	
NONE		NONE		NONE		NONE		NONE	
81. DECEASED'S SIGNATURE		82. DECEASED'S SIGNATURE		83. DECEASED'S SIGNATURE		84. DECEASED'S SIGNATURE		85. DECEASED'S SIGNATURE	
NONE		NONE		NONE		NONE		NONE	
86. DECEASED'S SIGNATURE		87. DECEASED'S SIGNATURE		88. DECEASED'S SIGNATURE		89. DECEASED'S SIGNATURE		90. DECEASED'S SIGNATURE	
NONE		NONE		NONE		NONE		NONE	
91. DECEASED'S SIGNATURE		92. DECEASED'S SIGNATURE		93. DECEASED'S SIGNATURE		94. DECEASED'S SIGNATURE		95. DECEASED'S SIGNATURE	
NONE		NONE		NONE		NONE		NONE	
96. DECEASED'S SIGNATURE		97. DECEASED'S SIGNATURE		98. DECEASED'S SIGNATURE		99. DECEASED'S SIGNATURE		100. DECEASED'S SIGNATURE	
NONE		NONE		NONE		NONE		NONE	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF IMPERIAL

I DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT
COPY OF THE ORIGINAL RECORD AS FILED IN THIS OFFICE.

DATE ISSUED **JUN 25 2009**

STEPHEN W. MUNDAY, M.D., M.P.H., M.S.
LOCAL REGISTRAR
IMPERIAL COUNTY, CALIFORNIA

This copy is not valid unless prepared on engraved border, displaying the date and signature of the Local Registrar.

SUPERIOR COURT OF STATE OF CALIFORNIA COUNTY OF IMPERIAL		ENDORSED OCT 07 2010 SUPERIOR COURT COUNTY OF IMPERIAL KRISTINE S. KUSSMAN, CLERK BY JESSICA GIPSON DEPUTY
TED EUGENE LAYTON, Plaintiff, VS. PFIZER, INC., Defendant.	NOTICE OF CASE MANAGEMENT CONFERENCE	
		CASE NO. ECU06056

1. NOTICE is given that a CASE MANAGEMENT CONFERENCE has been scheduled as follows:

Date: April 5, 2011	Time: 8:30 a.m.	Dept.: 7
Address of court: Imperial County Courthouse, 939 West Main Street, El Centro, CA 92243		

2. You must file and serve a completed Case Management Conference Statement at least fifteen (15) days before the case management conference.
3. You must be familiar with the case and be fully prepared to participate effectively in the case management conference.
4. At the case management conference the court may make pretrial orders, including the following:
 - a) An order establishing a discovery schedule.
 - b) An order referring the case to arbitration.
 - c) An order dismissing fictitious defendants.
 - d) An order scheduling exchange of expert witness information.
 - e) An order setting subsequent conferences and the trial date.
 - f) Other orders to achieve the goals of the Trial Court Delay Reduction Act (Gov. Code § 68600 et seq.).
5. Parties wishing to appear by telephone must comply with CRC 3.670 and Local Rule 3.8.6.
6. DATED: Oct. 7, 2010

Kristine Kussman, Clerk
by Jessica D. Gipson, Deputy

-- SANCTIONS --

If you do not file the Case Management Conference Statement required by CRC 3.725, or attend the case management conference or participate effectively in the conference, the Court may impose sanctions (including dismissal of the case, striking of the answer, and payment of money).

NOTICE OF CASE MANAGEMENT CONFERENCE

CRC 3.725 and Imperial County Local Rule 3.1.2
Government Code §68600 et seq.

ICSC C-114 01/09

ENDORSED
NOV 18 2010

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES
SUPERIOR COURT
COUNTY OF IMPERIAL
KRISTINE S. KUSSMAN, CLERK
BY DORA HERNANDEZ

I am employed in the county of Los Angeles, State of California. I am over the age of 18

On November 18, 2010, I served the foregoing documents described as:

1) NOTICE TO ADVERSE PARTY OF REMOVAL TO FEDERAL COURT

2) PROOF OF SERVICE

The above-mentioned documents were served on the interested parties in this action:

Ted Eugene Layton
616 Maple Ave.
Holtville, CA 92250

☒ (BY U.S. MAIL) I am readily familiar with the firm's practice for the collection and processing of correspondence for mailing with the United States Postal Service and the fact that the correspondence would be deposited with the United States Postal Service that same day in the ordinary course of business; on this date, the above-referenced correspondence was placed for deposit at Los Angeles, California and placed for collection and mailing following ordinary business practices.

☒ (STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on November 18, 2010 at Los Angeles, California.

Al Chua
Type or Print Name

Signature

**Adverse Event Reporting
System (AERS)**

Freedom Of Information (FOI) Report

Selections for: *Geodon*

From: *1-Nov-1997* **To:** *25-Jan-2011*

Disclaimer: The information contained in these reports has not been scientifically or otherwise verified as to a cause and effect relationship and cannot be used to estimate the incidence of adverse drug reactions.

FDA - Adverse Event Reporting System (AERS)
 Freedom Of Information (FOI) Report
 Standard Report - All Preferred Terms in Cases

MedDRA Preferred Term Reaction	Count	%Rpts
GAIT DISTURBANCE	131	1.%
PARANOIA	131	1.%
DIARRHOEA	130	1.%
PAIN	130	1.%
PALPITATIONS	129	1.%
ARRHYTHMIA	128	1.%
TACHYCARDIA	128	1.%
HYPERTENSION	126	1.%
MUSCLE SPASMS	125	1.%
HEART RATE INCREASED	124	1.%
PYREXIA	119	1.%
SWOLLEN TONGUE	118	1.%
DIABETES MELLITUS	117	1.%
VISION BLURRED	117	1.%
DYSPHAGIA	115	1.%
MUSCULOSKELETAL STIFFNESS	112	1.%
SPEECH DISORDER	112	1.%
DECREASED APPETITE	111	1.%
BLOOD PRESSURE INCREASED	109	1.%
INTENTIONAL OVERDOSE	108	1.%
NERVOUSNESS	107	1.%
DELUSION	106	1.%
HYPERSENSITIVITY	106	1.%
HYPOTENSION	106	1.%
CARDIO-RESPIRATORY ARREST	105	1.%
PARAESTHESIA	104	1.%
TREATMENT NONCOMPLIANCE	103	1.%
LETHARGY	101	1.%
BLOOD CREATINE PHOSPHOKINASE INCREASED	100	1.%
MEMORY IMPAIRMENT	95	1.%
BIPOLAR DISORDER	93	1.%
BLOOD GLUCOSE INCREASED	93	1.%
CARDIAC DISORDER	93	1.%
RESPIRATORY ARREST	89	1.%
VISUAL IMPAIRMENT	89	1.%
PANIC ATTACK	88	1.%
TORSADE DE POINTES	88	1.%
MUSCLE TWITCHING	87	1.%
BRADYCARDIA	86	1.%
HYPOAESTHESIA	86	1.%
MUSCLE RIGIDITY	86	1.%
RHABDOMYOLYSIS	84	0.%
THINKING ABNORMAL	84	0.%
DISORIENTATION	82	0.%
IRRITABILITY	79	0.%
SCHIZOPHRENIA	79	0.%
DRUG EFFECT DECREASED	76	0.%
SLEEP DISORDER	76	0.%
UNEVALUABLE EVENT	76	0.%
DYSARTHRIA	75	0.%
DELIRIUM	74	0.%

Warning about Hyperglycemia and Atypical Antipsychotic Drugs

FDA has asked manufacturers of all atypical antipsychotic drugs to add a new warning to the drugs' labels about the increased risk of hyperglycemia and diabetes. Atypical antipsychotics include: Clozaril ® (clozapine), Risperdal ® (risperidone), Zyprexa ® (olanzapine), Seroquel ® (quetiapine), Geodon ® (ziprasidone), and Abilify ® (aripiprazole).

Epidemiologic studies suggest that the risk of hyperglycemia and diabetes is increased in patients taking Clozaril, Risperdal, Zyprexa and Seroquel, although the relationship isn't completely understood. In some cases, the hyperglycemia was extreme and associated with ketoacidosis or hyperosmolar coma or death. Geodon and Abilify weren't marketed at the time the study was conducted.

For some patients, the hyperglycemia resolved when the drug was discontinued, but others required continuing treatment for their diabetes even after they stopped taking the drug.

The warning recommends that patients with diabetes who are started on atypical antipsychotics be monitored regularly for worsening of glucose control.

Patients starting on these drugs who have diabetes risk factors, such as obesity or a family history of diabetes, should have fasting blood glucose testing at the start of treatment and periodically thereafter.

And all patients treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia, such as excessive thirst, excessive appetite, frequent urination, or weakness. If they develop symptoms of hyperglycemia while on these drugs, they should have a fasting blood glucose test.

Additional Information:

FDA MedWatch Safety Alert - Geodon (ziprasidone)

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm154977.htm>



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 20-825 / S-012
NDA 20-919 / S-003

Pfizer, Inc.
Attention: John Tomaszewski
235 East 42nd Street (MS 150/7/13)
New York, NY 10017

Dear Mr. Tomaszewski:

Please refer to your supplemental new drug applications dated July 23, 2004, received July 26, 2004, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Geodon (ziprasidone HCl) Capsules and Geodon (ziprasidone mesylate) Injection.

These "Changes Being Effectuated" supplemental new drug applications were submitted in response to the Division's letter of September 11, 2003, and provide for the addition of the following new subsection of labeling under WARNINGS:

Hyperglycemia and Diabetes Mellitus

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. There have been few reports of hyperglycemia or diabetes in patients treated with GEODON. Although fewer patients have been treated with GEODON, it is not known if this more limited experience is the sole reason for the paucity of such reports. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse events is not completely understood. However, epidemiological studies, which did not include GEODON, suggest an increased risk of treatment-emergent hyperglycemia-related adverse events in patients treated with the atypical antipsychotics included in these studies. Because GEODON was not marketed at the time these studies were performed, it is not known if GEODON is associated with this increased risk. Precise risk estimates for hyperglycemia-related adverse events in patients treated with atypical antipsychotics are not available.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g., obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any

NDA 20-825 / S-012

NDA 20-919 / S-003

Page 2

patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of antidiabetic treatment despite discontinuation of the suspect drug.

We have completed our review of these applications and they are approved, effective on the date of this letter, for use as recommended in the agreed-upon labeling text.

The final printed labeling (FPL) must be identical to the submitted labeling (package insert submitted July 23, 2004).

Please submit the FPL electronically according to the guidance for industry titled **Providing Regulatory Submissions in Electronic Format – NDA**. Alternatively, you may submit 20 paper copies of the FPL as soon as it is available, in no case more than 30 days after it is printed. Please individually mount 15 of the copies on heavy-weight paper or similar material. For administrative purposes, these submissions should be designated "FPL for approved supplements NDA 20-825 / S-012 and NDA 20-919 / S-003." Approval of these submissions by FDA is not required before the labeling is used.

We acknowledge receipt on July 26, 2004 of your draft **"Dear Health Care Professional" letter**. We will provide comment on the content of the letter in a separate communication. Once agreement on the content of the letter is reached, we request that you submit a copy of the letter to these NDAs and a copy to the following address:

MEDWATCH, HFD-410
FDA
5600 Fishers Lane
Rockville, MD 20857

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Steven D. Hardeman, R.Ph., Senior Regulatory Project Manager, at (301) 594-5525.

Sincerely,

{See appended electronic signature page}

Russell Katz, M.D.
Director
Division of Neuropharmacological Drug Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

**This is a representation of an electronic record that was signed electronically and
this page is the manifestation of the electronic signature.**

/s/

Russell Katz
8/13/04 02:42:06 PM

November 24, 2010

Darrel J. Hieber
Skadden, ARPS, Slate, Meagher & Flom LLP
300 South Grand Avenue, Suite 3400
Los Angeles, CA 90071

Case 10-CB-2380 JAH

Ted Eugene Layton vs Pfizer Inc

I received notice of transfer to Federal Court. I request that the hearing and/or trial be at the Federal Courthouse in El Centro, CA. 92243.

I am willing to amend my claim from \$100,000 to \$75,000 if you are willing to remand the case to CA Superior Court Imperial County.

I only started with \$100,000 to get your Client's attention since their Legal Dept was not being cooperative in making me an offer to reimburse me for my wife's medical and burial expense. Any pharmacy has information that Geodon can cause hyperglycemia and diabetes. I was unaware of that information since neither are listed as side effects and buried in the precaution section.

I am willing to further reduce my claim to \$50,000 if your Client is willing to waive a jury trial and have the case heard by a Judge in Superior Court El Centro Division on the originally scheduled hearing date of April 5, 2011 at 8:30 AM.

Furthermore I am willing to amend my complaint to limited liability of \$25,000 if your Client is willing to make restitution without court proceedings and admit partial liability. In addition to \$25,000 settlement I request that Pfizer amend their Geodon information brochure at pharmacies to list hyperglycemia and diabetes as possible side effects that can cause diabetic coma and death. I want other Geodon users to be fully aware of the risks which I was not.

I believe my requests are reasonable. Please respond to:

Ted Layton
616 Maple Avenue
Holtville, CA. 92250

Or call (760) 356-2725; 425-0755; 353-7000 x 8 or FAX 353-6956.

I am looking forward to resolving this quickly, fairly and at the lowest legal cost to both parties.

Thanks for considering the above information. I await your response. I do not want to have to seek legal counsel and have a prolonged court battle.

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

Ted Eugene Layton

(b) County of Residence of First Listed Plaintiff Imperial
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

N/A

DEFENDANTS

Pfizer Inc

County of Residence of First Listed Defendant New York and Delaware
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

Darrel J. Hieber, Skadden, Arps, Slate, Meagher & Flom LLP,
300 S. Grand Ave., Los Angeles, CA 90071, (213) 687-5000

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|---------------------------------------|----------------------------|---|----------------------------|---------------------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input checked="" type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	LABOR	SOCIAL SECURITY
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
			IMMIGRATION	FEDERAL TAX SUITS
			<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

V. ORIGIN

(Place an "X" in One Box Only)

- ☐ 1 Original Proceeding
- ☒ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation
- ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. 1332, 1441, 1446

Brief description of cause:
Plaintiff alleges wrongful death of wife

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$ 100,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

11/18/2010

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

SUM-100

**SUMMONS
(CITACION JUDICIAL)**

**NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):**

PFIZER INC

**YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTÁ DEMANDANDO EL DEMANDANTE):**

TED EUGENE LAYTON

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

FILED

OCT 07 2010

SUPERIOR COURT
COUNTY OF IMPERIAL
KRISTINE E. KUSSMAN, CLERK
BY Jessica P. Gipsen DEPUTY

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. **AVISO!** Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is:

(El nombre y dirección de la corte es):
CALIFORNIA SUPERIOR COURT
939 W MAIN STREET
EL CENTRO CA 92243

CASE NUMBER:
(Número del Caso):

ECU06056

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

TED LAYTON 616 MAPLE AVE HOLTVILLE CA 92250
(760) 356-2725 (760) 425-0755 Kristine Kussman ext 8

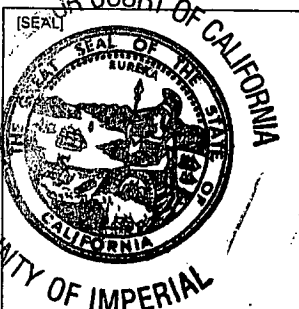
DATE: 10/7/2010
(Fecha)

Clerk, by
(Secretario)

Deputy
(Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)

(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010).)



NOTICE TO THE PERSON SERVED: You are served

1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of (specify):

3. ☒ on behalf of (specify): PFIZER INC

- under: ☒ CCP 416.10 (corporation) ☐ CCP 416.60 (minor)
- ☐ CCP 416.20 (defunct corporation) ☐ CCP 416.70 (conservatee)
- ☐ CCP 416.40 (association or partnership) ☐ CCP 416.90 (authorized person)
- ☐ other (specify):

4. ☐ by personal delivery on (date):

Page 1 of 1

SUPERIOR COURT OF STATE OF CALIFORNIA COUNTY OF IMPERIAL		ENDORSED OCT 07 2010 SUPERIOR COURT COUNTY OF IMPERIAL KRISTINE S. KUSSMAN, CLERK BY JESSICA GIPSON DEPUTY
TED EUGENE LAYTON, Plaintiff, VS. PFIZER, INC., Defendant.		
NOTICE OF CASE MANAGEMENT CONFERENCE		CASE NO. ECU06056

1. NOTICE is given that a CASE MANAGEMENT CONFERENCE has been scheduled as follows:

Date: April 5, 2011	Time: 8:30 a.m.	Dept.: 7
Address of court: Imperial County Courthouse, 939 West Main Street, El Centro, CA 92243		

2. You must file and serve a completed Case Management Conference Statement at least fifteen (15) days before the case management conference.
3. You must be familiar with the case and be fully prepared to participate effectively in the case management conference.
4. At the case management conference the court may make pretrial orders, including the following:
 - a) An order establishing a discovery schedule.
 - b) An order referring the case to arbitration.
 - c) An order dismissing fictitious defendants.
 - d) An order scheduling exchange of expert witness information.
 - e) An order setting subsequent conferences and the trial date.
 - f) Other orders to achieve the goals of the Trial Court Delay Reduction Act (Gov. Code § 68600 et seq.).
5. Parties wishing to appear by telephone must comply with CRC 3.670 and Local Rule 3.8.6.
6. DATED: Oct. 7, 2010

Kristine Kussman, Clerk
by Jessica D. Gipson, Deputy

-- SANCTIONS --

If you do not file the Case Management Conference Statement required by CRC 3.725, or attend the case management conference or participate effectively in the conference, the Court may impose sanctions (including dismissal of the case, striking of the answer, and payment of money).

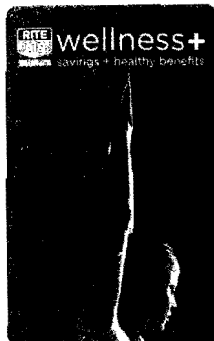
NOTICE OF CASE MANAGEMENT CONFERENCE

CRC 3.725 and Imperial County Local Rule 3.1.2
Government Code §68600 et seq.

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- earn up to 20% off for buying products and filling prescriptions*
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Enroll free today in store or at riteaid.com/wellness.



*Certain limitations apply. See your pharmacist for details.

Rite Aid provides flu shots



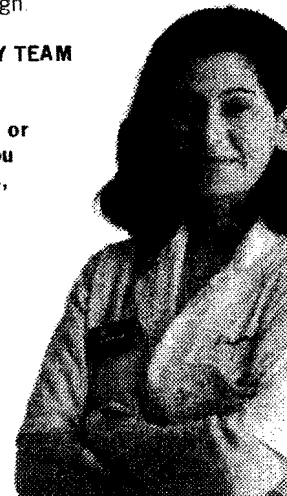
GET YOUR FLU SHOT AT THIS LOCATION.

The Centers for Disease Control and Prevention has recommended that everyone over 6 months of age be immunized against the flu in 2010.* This year's vaccine will protect against both seasonal flu and H1N1. Demand for flu shots will be high.

ASK OUR PHARMACY TEAM ABOUT FLU SHOTS.

For more information or to find stores near you that provide flu shots, visit riteaid.com/flu or call toll-free 1-866-751-1494.

*Available in most stores. Based on vaccine availability. Restrictions apply in some states. See pharmacist for details.



Please read the important information below. The following content has been pulled from a press release on 6/23/10.

Page 31 of 34

"WHOOING COUGH EPIDEMIC MAY BE WORST IN 50 YEARS"

As of June 15, 2010, California had recorded 910 cases of pertussis, a four-fold increase from the same period last year when 219 cases were recorded. Five infants — all under three months of age — have died from the disease this year. In addition, 600 more possible cases of pertussis are being investigated by local health departments. Pertussis is cyclical. Cases tend to peak every two to five years. In 2005, California recorded 3,182 cases and eight deaths.

Pertussis is a highly contagious disease. Unimmunized or incompletely immunized young infants are particularly vulnerable.

The California Department of Public Health (CDPH) urges Californians to get vaccinated for the whooping cough.

The pertussis vaccine, also known as the Tdap or booster shot is recommended for children beginning at two months of age, pregnant women, and those who may have contact with infants such as family members, healthcare workers, and childcare workers.

For the full article, please visit <http://www.cdph.ca.gov/Pages/NR10-041.aspx>

Ask your doctor or pharmacist about receiving the Tdap vaccination.

The Tdap vaccination is available at this Rite Aid pharmacy.



Questions? Ask your Rite Aid Pharmacist.

MEDICATION
GEODON 60 MG CAPSULE

DIRECTION
TAKE 1 CAPSULE BY MOUTH TWICE A DAY

IMPORTANT
HOW TO USE THIS INFORMATION: THIS IS A SUMMARY AND DOES NOT HAVE ALL POSSIBLE INFORMATION ABOUT THIS PRODUCT. THIS INFORMATION DOES NOT ASSURE THAT THIS PRODUCT IS SAFE, EFFECTIVE, OR APPROPRIATE FOR YOU. THIS INFORMATION IS NOT INDIVIDUAL MEDICAL ADVICE AND DOES NOT SUBSTITUTE FOR THE ADVICE OF YOUR HEALTH CARE PROFESSIONAL. ALWAYS ASK YOUR HEALTH CARE PROFESSIONAL FOR COMPLETE INFORMATION ABOUT THIS PRODUCT AND YOUR SPECIFIC HEALTH NEEDS. ZIPRASIDONE - ORAL (zih-PRASS-ih-doon)

COMMON BRAND NAME(S)
Geodon

WARNING

There may be a slightly increased risk of serious, possibly fatal side effects (such as stroke, heart failure) when this medication is used in elderly patients with dementia. Discuss the risks and benefits of this medication, as well as other effective and possibly safer treatments for dementia-related behavior problems, with your doctor. If you are using ziprasidone in combination with other medication to treat depression, also carefully read the drug information for the other medication.

USES

This medication is used to treat certain mental/mood disorders (schizophrenia or manic/mixed episodes associated with bipolar disorder). It may be used after other medications have not been effective. Ziprasidone is a psychiatric medication (anti-psychotic type) that works by helping to restore the balance of certain natural substances (neurotransmitters) in the brain. This medication can make you feel less nervous and improve your concentration. It helps you to think more clearly and take a more active part in everyday life.

OTHER USES

This section contains uses of this drug that are not listed in the approved professional labeling for the drug but that may be prescribed by your health care professional. Use this drug for a condition that is listed in this section only if it has been so prescribed by your health care professional. This drug has also been used in combination with other medication to treat depression.

HOW TO USE

Read the Patient Information Leaflet available from your pharmacist. Consult your doctor or pharmacist if you have any questions. Take this medication by mouth, usually twice daily or as directed by your doctor. Swallow the capsules whole with food. Your doctor may start you at a low dose and gradually increase your dose in order to lessen side effects such as drowsiness. Follow your doctor's instructions carefully. Your dosage is based on your medical condition and response to therapy. Do

not stop taking ziprasidone without consulting your doctor even if you start to feel better. Some conditions may worsen if the medication is suddenly stopped. Use this medication regularly in order to get the most benefit from it. To help you remember, use it at the same time(s) each day. It may take several weeks before you get the full benefit of this medication. Inform your doctor if your condition persists or worsens.

SIDE EFFECTS

Dizziness, drowsiness, weakness, nausea, vomiting, runny nose, and cough may occur. If any of these effects persist or worsen, notify your doctor or pharmacist promptly. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: severe/persistent dizziness, mental/mood changes (e.g., agitation, anxiety, depression, suicidal thoughts), feelings of restlessness, mask-like facial expression (pseudoparkinsonism), shakiness (tremors), muscle spasm/stiffness, numbness/tingling, trouble swallowing, vision problems, difficulty walking, signs of infection (such as fever, persistent sore throat). Seek immediate medical attention if any of these rare but very serious side effects occur: chest pain, fainting, jaw/left arm pain, slow/fast/irregular heartbeat, seizures. This drug may rarely cause a condition known as tardive dyskinesia. In some cases, this condition may be permanent. Tell your doctor immediately if you develop any unusual uncontrolled movements (especially of the face, mouth, tongue, arms or legs). This medication may rarely cause a very serious condition called serotonin syndrome. The risk may increase when this medication is used with certain other drugs such as "triptans" used to treat migraine headaches (e.g., sumatriptan, eletriptan), certain antidepressants including SSRIs (e.g., citalopram, paroxetine) and SNRIs (e.g., duloxetine, venlafaxine), lithium, tramadol, tryptophan, or a certain drug to treat obesity (sibutramine). Before taking this drug, tell your doctor if you take any of these medications. Seek immediate medical attention if you develop some of the following symptoms: hallucinations, unusual restlessness, loss of coordination, fast heartbeat, severe dizziness, unexplained fever, severe nausea/vomiting/diarrhea, twitchy muscles. Medications used for a similar purpose to ziprasidone may infrequently cause a serious (rarely fatal) nervous system disorder called neuroleptic malignant syndrome (NMS). Seek immediate medical attention if you notice any of the following rare but very serious side effects: confusion, fever, fast heartbeat, muscle stiffness, increased sweating. In rare instances, this medication may increase your level of a certain chemical made by the body (prolactin). For females, this increase in prolactin may result in unwanted breast milk, missing/stopped periods, or difficulty becoming pregnant. For males, it may result in decreased sexual ability, inability to produce sperm, or enlarged breasts. If you develop these symptoms, tell your doctor immediately. For males, in the very unlikely event you have a painful or prolonged erection lasting 4 or more hours, stop using this drug and seek immediate medical attention, or permanent problems could occur. A very serious allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction may include: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. In the US - Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

PRECAUTIONS

Before taking ziprasidone, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. This medication should not be used if you have certain medical conditions. Before using this medicine,

**RITE
AID**

PHARMACY

RITE AID-6405 EL CAJON
6405 EL CAJON BOULEVARD
SAN DIEGO CA 92115

Rx 05651 0566562

JOHNSON, SHARON
Date of Birth: 05/08/xxxx
4563 54TH ST
SAN DIEGO, CA 92115

GEODON 60 MG CAPSULE

NDC: 00049-3980-60 QTY: 60

SUSAN KOWER MD
1700 PACIFIC HIGHWAY
SAN DIEGO, CA 92110

REFILL 1 TIMES UNTIL 11/04/2011

PRESCRIPTION SOLUTIONS MEDICARE PART D <BIN
GRP: PDPIND CLM REF #: 103125163729062999

U&C : \$672.99

PAY : \$0.00

MEDICATION WARNINGS

MAY CAUSE DROWSINESS. ALCOHOL MAY
INTENSIFY THIS EFFECT. USE CARE WHEN
OPERATING A CAR OR DANGEROUS MACHINES.

READ THE FDA BLACK BOX WARNING
INFORMATION FOR THIS MEDICATION

MAY CAUSE DIZZINESS

WARNING: BREASTFEEDING IS NOT
RECOMMENDED WHILE USING THIS DRUG.
CONSULT YOUR DOCTOR OR PHARMACIST.

IF YOU ARE PREGNANT OR CONSIDERING
BECOMING PREGNANT YOU SHOULD DISCUSS
THE USE OF THIS DRUG WITH YOUR DOCTOR OR
PHARMACIST.

TAKE WITH FOOD.

Rite ADVICE

You can refill your prescription when it's convenient for you. **Refills by Phone.** Call the number on your prescription bottle and follow the automated instructions. **Internet Refills.** Order online at www.RiteAid.com.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

JO JOHNSON,
SHARON

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SHARON

08/13



Questions? Ask your Rite Aid Pharmacist.

consult your doctor or pharmacist if you have: certain heart problems (e.g., recent heart attack, untreated heart failure). Before using this medication, tell your doctor or pharmacist your medical history, especially of: Alzheimer's disease, heart problems (e.g., coronary artery disease, irregular heartbeat, low blood pressure), severe dizziness/fainting, diabetes (including family history), liver disease, nervous system problems (e.g., stroke, seizures, NMS), obesity, swallowing problems, aspiration pneumonia, low white blood cell count. Ziprasidone may cause a condition that affects the heart rhythm (QT prolongation). QT prolongation can infrequently result in serious (rarely fatal) fast/irregular heartbeat and other symptoms (such as severe dizziness, fainting) that require immediate medical attention. The risk of QT prolongation may be increased if you have certain medical conditions or are taking other drugs that may affect the heart rhythm (see also Drug Interactions section). Before using ziprasidone, tell your doctor or pharmacist if you have any of the following conditions: certain heart problems (heart failure, slow heartbeat, QT prolongation in the EKG), family history of certain heart problems (QT prolongation in the EKG, sudden cardiac death). Low levels of potassium or magnesium in the blood may also increase your risk of QT prolongation. This risk may increase if you use certain drugs (such as diuretics/"water pills") or if you have conditions such as severe sweating, diarrhea, or vomiting. Talk to your doctor about using ziprasidone safely. This drug may make you dizzy or drowsy. Do not drive, use machinery, or do any activity that requires alertness until you are sure you can perform such activities safely. Limit alcoholic beverages. To minimize dizziness and lightheadedness, get up slowly when rising from a seated or lying position. Before having surgery, tell your doctor or dentist that you are taking this medication. This drug may infrequently make your blood sugar level rise, causing or worsening diabetes. This high blood sugar can rarely cause serious conditions such as diabetic coma. Tell your doctor immediately if you develop symptoms of high blood sugar, such as increased thirst or urination. If you already have diabetes, be sure to check your blood sugar regularly. This drug may rarely cause weight gain and a rise in your blood cholesterol (or triglyceride) levels. These effects, (especially if you have diabetes), may increase your risk for developing heart disease. Discuss the risks and benefits of treatment with your doctor. This medication can make you prone to heat stroke. Avoid activities that might cause you to overheat (e.g., doing strenuous work, exercising in hot weather, or using a hot tub). Caution is advised when using this drug in the elderly because they may be more sensitive to its side effects, especially involuntary movements and dizziness. This medication should be used only when clearly needed during pregnancy. Discuss the risks and benefits with your doctor. It is not known whether this drug passes into breast milk. Breast-feeding while using this drug is not recommended. Consult your doctor before breast-feeding.

DRUG INTERACTIONS

Your healthcare professionals (e.g., doctor or pharmacist) may already be aware of any possible drug interactions and may be monitoring you for it. Do not start, stop or change the dosage of any medicine before checking with them first. This drug should not be used with the following medication because very serious interactions may occur: sibutramine. If you are currently using the medication listed above, tell your doctor or pharmacist before starting ziprasidone. Many drugs besides ziprasidone may affect the heart rhythm (QT prolongation), including amiodarone, dofetilide, pimozide, procainamide, quinidine, sotalol, macrolide antibiotics

(such as erythromycin), among others. Therefore, before using ziprasidone, report all medications you are currently using to your doctor or pharmacist. Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription/herbal products you may use, especially of: antimuscarinics (e.g., scopolamine), drugs for high blood pressure (e.g., beta blockers, calcium channel blockers), dopamine agonists (e.g., amantadine, bromocriptine), levodopa, drugs affecting liver enzymes that remove ziprasidone from your body (such as azole antifungals including ketoconazole, macrolide antibiotics including erythromycin, rifamycins including rifampin, St. John's wort, certain anti-seizure medications such as carbamazepine). Also report the use of drugs which might increase seizure risk (decrease seizure threshold) when combined with ziprasidone such as bupropion, isoniazid (INH), phenothiazines (e.g., chlorpromazine), theophylline, or tricyclic antidepressants (e.g., amoxapine) among others. Consult your doctor or pharmacist for details. Tell your doctor or pharmacist if you also take drugs that cause drowsiness such as: certain antihistamines (e.g., diphenhydramine), anti-seizure drugs (e.g., phenytoin), medicine for sleep or anxiety (e.g., alprazolam, diazepam, zolpidem), muscle relaxants, narcotic pain relievers (e.g., codeine), psychiatric medicines (e.g., risperidone, amitriptyline, trazodone). Check the labels on all your medicines (e.g., cough-and-cold products) because they may contain drowsiness-causing ingredients. Ask your pharmacist about the safe use of those products. This document does not contain all possible interactions. Therefore, before using this product, tell your doctor or pharmacist of all the products you use. Keep a list of all your medications with you, and share the list with your doctor and pharmacist.

OVERDOSE

If overdose is suspected, contact your local poison control center or emergency room immediately. US residents can call the US national poison hotline at 1-800-222-1222. Canadian residents should call their local poison control center directly. Symptoms of overdose may include: slurred speech, fast/pounding heartbeat with headache, uncontrolled movements (tremor).

NOTES

Do not share this medication with others. Keep all medical appointments so your doctor can monitor your progress closely and adjust or change your medication if needed. Laboratory and/or medical tests (e.g., blood mineral levels, blood sugar, electrocardiograms) should be performed periodically to monitor your progress or check for side effects. Consult your doctor for more details.

MISSED DOSE

If you miss a dose, take it as soon as you remember. If it is near the time of the next dose, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up.

STORAGE

Store at room temperature between 59-86 degrees F (15-30 degrees C) away from light and moisture. Do not store in the bathroom. Keep all medicines away from children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product. Information last revised May 2010 Copyright(c) 2010 First DataBank, Inc.

The information in this leaflet may be used as an educational aid. This information does not cover all possible uses, actions, precautions, side effects, or interactions of this medicine. This information is not intended as medical advice for individual problems.

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Rite ADVICE

You can refill your prescription when it's convenient for you. **Refills by Phone.** Call the number on your prescription bottle and follow the automated instructions. **Internet Refills.** Order online at www.RiteAid.com.



RITE AID-6405 EL CAJON
6405 EL CAJON BOULEVARD
SAN DIEGO CA 92115

Rx 05651 0557366

JOHNSON, SHARON
Date of Birth: 05/08/xxxx
4563 54TH ST
SAN DIEGO, CA 92115

GEODON 80 MG CAPSULE

NDC: 00049-3990-60

QTY: 60

SUSAN KOWER MD

1250 MORENA BLVD
SAN DIEGO, CA 92110

NO REFILLS LEFT

PRESCRIPTION SOLUTIONS MEDICARE PART D <BIN>
GRP: PDPND CLM REF #: 102255808653113999

U&C : \$672.99

PAY : \$0.00

MEDICATION WARNINGS

MAY CAUSE DROWSINESS, DIZZINESS, OR OTHER
ADVERSE EFFECTS. USE CARE WHEN
OPERATING A CAR OR DANGEROUS MACHINES.

READ THE FDA BLACK BOX WARNING
INFORMATION FOR THIS MEDICATION

MAY CAUSE DIZZINESS

WARNING: DROWSINESS IS NOT
RECOMMENDED WHILE USING THIS DRUG.
CONSULT YOUR DOCTOR OR PHARMACIST.

IF YOU ARE PREGNANT OR CONSIDERING
BECOMING PREGNANT YOU SHOULD DISCUSS
THE USE OF THIS MEDICATION WITH YOUR
DOCTOR OR PHARMACIST.

TAKE WITH FOOD.

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Store DEA: BT6193647
RPH: NT4

Date Filled: 08/13/2010

(619) 488-2348

DAW: 0

DAYS SUPPLY: 30